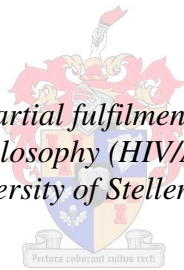


The effect of Integrated HIV/AIDS workplace programmes in
improving management of HIV/AIDS by managers in the workplace.
A Case study of the Education Department, King William's Town
District

By

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DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

December 2010

ABSTRACT

The Department of Education in the Eastern Cape has a professional Integrated HIV & AIDS workplace programme in place to be implemented in the various District offices of the province. King William's Town (K.W.T) district is one of those that honor the obligation to service its employees by organizing such activities. A budget is set aside for this purpose. Managers do attend and be part of these informative activities but they seem not to know what their next step is. The purpose of this study is to judge the success of these programs through the manager's point of view; to determine if managers do change their managing style after being exposed to programmes and to establish the perspectives of managers in the usefulness of programmes towards managing better. An interview survey was conducted to a sample of nineteen senior managers of both the Education and Support services using a structured questionnaire. After interviews were conducted, data analysis was done manually and the results indicated that 100% of the respondents were exposed and participated in the programmes. The programmes have not proved themselves to be effective in improving managerial skills. No significant change was indicated by the results of this study. Managers attach responsibility of managing HIV&AIDS to the ESP section. The research took place in King Williams's Town District office of Education, Eastern Cape.

OPSOMMING:

Die Departement van Opvoeding van die Oos-Kaap het 'n werksplekprogram opgestel en het geld beskikbaar gehad vir die implementering daarvan.

Die doel van hierdie studie is 'n beskrywing van die implementeringsproses van hierdie werksplekprogram en die evaluering van die sukses daarvan. Die evaluering is deur middel van gestruktureerde onderhoude gedoen (19 bestuurders is in die proses gebruik)

Bevindings asook voorstelle vir verbetering word in die studie gemaak.

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May God bless You

"I wanna be there! when the people win the battle against AIDS"
"I wanna lend a hand", "Send Me"
(Hugh Masekela)

LIST OF ACRONYMS

HIV.....	Human Immuno Deficiency
AIDS.....	Acquired Immune Deficiency Syndrome
ARV.....	Anti Retro Viral
ART.....	Anti Retroviral Treatment
TB.....	Tuberculosis
UNAIDS.....	United AIDS
NSP.....	National Strategic Plan
HSRC.....	Human Sciences Research Council
DHIS.....	District Health Information Systems
EDO.....	Education Departmental Official
VCT.....	Voluntary Counseling and Testing
ECDOE.....	Eastern Cape Department of Education
SHE.....	Safe and Healthy Environment
EAP.....	Employee Assistance Programme
EHWP.....	Employee Health and Wellness Programme
NSP.....	National Strategic Plan
STD.....	Sexually Transmitted Disease
ILO.....	International Labour Office

DEFINITION OF TERMS

- Circuit** : A circuit is a group of school clusters and their communities. Geography and functionality determine circuit boundaries. A circuit consists of a number of schools clustered in close proximity to each other to facilitate easy access to and sharing of available resources and best practices in a circuit. Each circuit has a person to manage it, an Education Departmental Official (EDO).
- Discrimination** : Denial of opportunities or benefits (otherwise available to everyone) to a person or group because of real or assumed features or conditions of that person or group.
- Incidence of HIV:** refers to new infections of HIV over a particular period of time (typically one year). Incidence data provides information on new infections-specifically the rate at which new infections are acquired.
- Prevalence of HIV:** The number of people who are infected with HIV at a point in time divided by the number of individuals in the in the population at that point in time. Prevalence data provide a snapshot of the current number of people infected with HIV often expressed as a percentage of the total population.
- Affected employee:** An employee who is affected in any way by HIV&AIDS for example if they have a partner or a member who is HIV positive
- Infected employee:** An employee who has tested positive for HIV or who has been diagnosed with HIV&AIDS.

- Policy:** A document setting out an organization's position on a particular issue.
- Surveillance testing:** This is anonymous, unlinked testing which is done in order to determine the incidence and prevalence of disease within a particular community or group to provide information to control prevent and manage the disease.
- Epidemiology :** The study of disease patterns, causes, distribution and mechanisms of control in society.
- Education sector :** refers to all organizations, persons, programmes, activities and role players in the field of education and training.
- Learning institution:** Is a place where formal or informal instruction is carried out following a prescribed programme.
- Psychosocial support:** The support meant to address challenges of isolation, depression, anxiety, other psychiatric impairment and serious interpersonal problems as a result of HIV&AIDS. The purpose of psychosocial support is to ensure that quality of life and motivation to live are effectively optimized. Psychosocial support is understood to include spiritual support.

TABLE OF CONTENTS

List of Tables:.....x

List of Figures:.....xi

Chapter 1: Orientation and Statement of the Problem

1.1	Introduction.....	1
1.2	Background and Situational Analysis.....	1
1.3	Awareness of the problem.....	3
1.4	Problem Statement.....	4
1.5	Research Objectives	5

Chapter 2: Literature Review

2.1	Introduction.....	6
2.2	Integrated HIV&AIDS workplace programmes.....	6
2.3	The aim of the programmes.....	6
2.4	Impact of workplace programmes.....	10
2.5	Role of managers.....	11
2.6	Reflecting on other Research Projects.....	12
2.7	Monitoring and Evaluation.....	14
2.8	Assessment of Literature.....	15

Chapter 3: Research Methodology

3.1	Introduction.....	16
3.2	Research Design.....	16
3.3	Ethical Consideration.....	17
3.4	Data Collection.....	17
3.4.1	Pilot Study.....	18
3.4.2	Response.....	18
3.4.3	Sample Population.....	18
3.4.4	Final Questionnaire.....	19
3.5	Discussion of the Questionnaire.....	19

3.5.1	Personal Details.....	19
3.5.2	Part A: Open-ended questions.....	20
3.5.3	Part B: Likert type scale.....	20

Chapter 4: Data Analysis and Findings

4.1	Personal Information.....	23
4.2	Part A: Open-ended questions.....	24
4.3	Part B: Likert type scale.....	25

Chapter 5: Summary of the Findings, Discussion, Conclusion and Recommendations

5.1	Summary of the findings.....	32
5.2	Discussion.....	32
5.3	Conclusions.....	33
5.4	Strengths.....	35
5.5	Limitations of the study.....	36
5.6	Study Implications.....	37
5.7	Recommendations.....	38
5.8	Future Research.....	38
	References.....	40
	Addendum	43

LIST OF TABLES

1. Table 1: Incidence of HIV and related diseases: Eastern Cape, SA
2. Table 4.1 : Management experience
3. Table 4.2: Responses to question 2
4. Table 4.3: Responses to question 3
5. Table 4.4: Responses to question 4
6. Table 4.5: Responses to question 5
7. Table 4.6: Responses to question 6

LIST OF FIGURES

1. Figure 4.1: Gender breakdown
2. Figure 4.2: Age group

CHAPTER 1

ORIENTATION AND STATEMENT OF THE PROBLEM

1.1 Introduction

The expanding HIV&AIDS epidemic challenges managers to effectively use the knowledge gained from Integrated HIV/AIDS and wellness programmes to reduce the impact of HIV&AIDS in the workplace so as to maintain high productivity and service delivery levels (Health Policy Initiative/USAID, 2008).

Before the appearance of HIV&AIDS managers would manage with only the business' vision and mission and the objectives of the organization in mind. With the negative impact of HIV&AIDS and the change it has brought about, the role of managers has changed. In order to survive the organization must renew itself in order to be politically legitimate in a changed environment. HIV&AIDS is an unplanned and an unforeseen change. (Nel, van Dyk, Haasbroek, Schultz, Sono & Werner, 2006, 503)

Employees spend a bigger portion of their day in the workplace environment. Employers have a significant responsibility towards their employees, in the promotion and maintenance of good health, prevention and management of ill health and injury and the rehabilitation of affected employees. (Policy Guidelines: for Integrated Employee Wellness in the Eastern Cape Provincial Administration). In times of crisis individuals look to leadership for hope and comfort; as well galvanize them into action (USAID/ Health Policy Initiative).

1.2 Background and Situation analysis

This Education Department in the Eastern Cape with 432 schools in total, 90% of these schools are in rural remote areas. The organization employs 212 office employees, that is (office-based educators, administrative and support staff) and about 4368 educators. The Eastern Cape is one of the poorest and previously disadvantaged provinces in South Africa. HIV/AIDS

become more prevalent in areas where there is poverty and illiteracy. The epidemic has reached alarming levels throughout the Eastern Cape. The District Health Information Systems (DHIS) has as from June 2009 to October 2009 the following statistics regarding the incidences of HIV new infections, sexually transmitted diseases, pregnancy and TB in the Eastern Cape: The table below shows the incidence of HIV and related diseases for the period of Five months (June 2009 to October 2009).

Table 1: Incidence of HIV and related diseases: Eastern Cape, South Africa

HIV positive females	10 890
HIV positive males	5 873
STI cases tested positive for HIV	4 832
TB Patients tested positive for HIV	7 225
TB Patients under treatment	182 687
Antenatal patients tested positive	11 173
Suspected opportunistic infection cases tested for HIV	7 141
Tested positive for HIV (excluding antenatal)	37 420

From Table 1 it is clear that the Eastern Cape has high incidences of HIV, sexually transmitted diseases, TB and suspected opportunistic infection. The rate in which HIV is acquired is very high in spite of all the efforts taken to minimize the disease. HIV&AIDS is likely to have impact in a situation like this and therefore need serious management.

The impact of HIV&AIDS has brought about problems. Managers are faced with a problem of managing employees with problems. This has prompted government to authorize urgent workplace interventions. In 1994 a number of policies and guidelines have been developed in order to support the implementation of HIV&AIDS strategies in South Africa (National Strategic

Plan, 2007-2011) Responses to HIV&AIDS in the education sector in the Eastern Cape have been developing steadily for more than a decade. Since 1996, the Eastern Cape Department of Education has implemented policy on HIV&AIDS.

In 2002, the office of the Premier (Eastern Cape) began a drive towards developing and implementing provincial level policies on HIV&AIDS for all government departments with an emphasis on workplace issues. Each and every year a budget is set aside for implementing these programmes. The provincial department of education entrust the responsibility of implementing these programmes to districts. This research will judge the success of the programmes through the manager's point of view and not from the employee's perspective, to actually evaluate the extent to which managers are implementing their responsibilities for components of an HIV&AIDS workplace programme.

1.3 Awareness of the problem

The experience that played a very important role in this study occurred in June 2008 when the author joined an HIV&AIDS unit under the Employee Assistance Programme (EAP) in this district. During this period she also serves in the Employee Health and Wellness activities. The responsibility of these units is to implement HIV&ADS and Employee Health and Wellness programmes in a form of events, activities, trainings and workshops for managers, employees and learners. After these events one would be anxious to know the management follow-up on these big events. Monthly written reports will be submitted and so what next? The researcher was interested in finding out how this knowledge gained by the managers affect their observations of their immediate subordinates, the improvement of the conditions under which the employees work and ultimately planning, for all reasons to control HIV&AIDS in this district.

This study would then try and investigate secretly to satisfy her curiosity. At some instances would share her concern with others and even ask questions

like “Do you think these programmes are making any difference in how you manage your section?” Why there seem not be to any change in terms of how managers are managing their sections/circuits. The researcher thought the programmes should have a significant impact in changing management behavior/style and then wanted to investigate before conclusions can be made.

1.4 Problem statement

Having the responsibility to implement and deliver, the K.W.T Education District fulfilled its obligation to employees and embarked on intensive Integrated HIV&AIDS programmes as a managing strategy to fight HIV&AIDS amongst its employees (Employees include managers, Educators, Administrative Staff and support staff). There are many workshops and trainings and information is shared and imparted to all employees including managers and in some occasions managers are given special training specifically designed for them. Managers do participate in these information and education programmes to enable them to explain and respond to questions about the workplace HIV&AIDS Policy, to be well informed about HIV/AIDS so as to help subordinates overcome misconceptions about the spread of HIV/AIDS in the workplace, to explain reasonable accommodation options to workers with HIV&AIDS so as to enable them to continue to work as long as possible, to identify and manage workplace behavior, conduct or practices which discriminate against workers with HIV&AIDS and to enable managers to advise about social benefits which are

available (ILO’s Code of Good Practice on HIV/AIDS and the world of work) Although Integrated Health and wellness programmes have been introduced in the education districts of the Eastern Cape workplace in response to the challenges posed by the epidemic, the infection rate continues to rise. It appears that the HIV&AIDS and wellness programmes are not doing anything to change the way managers manage their immediate subordinates and HIV&AIDS having the desired effect they are supposed to have. The Employee Health and Wellness unit coordinates wellness programmes to district employees. To assist this unit, stakeholders from other departments are

invited. The contribution that these departments bring is their knowledge and expertise. Following an openness and acceptance campaigns, levels of discrimination are still high. Data which is very relevant to the manager's level of operation is collected and this available data can alert managers to guide and condition response. Employees including managers test for various diseases like HIV, TB, Breast Cancer, High Blood pressure, sugar diabetes, etc. Are managers interested in the statistics? Do they collect and analyze this information in order to communicate and draw up conclusions? Why there is still no adherence to some of the requirements stipulated by the *Code of Good Practice*, The conditions under which employees work are not promoting health and wellness, there is no condom distribution.

Irrespective of all the information given during these interventions HIV&AIDS and employee wellness is not discussed in section meetings and that could be the reason why employees are experiencing difficulties to disclose their HIV status. Do they discuss if these programmes really reduce HIV&AIDS, its impact on operations and improve employee wellness? Are these programmes with the knowledge they impart improve management skills so that they are able to manage HIV&AIDS better? Do they empower managers to win the battle against AIDS at district level of education? It is not convincing as to what the effect these programmes have and as a benefit in making managers manage better.

1.5 Research objectives

In the light of all the above the objectives of this study are:

- i) To investigate the impact of the presence of HIV&AIDS & wellness interventions on managerial behavior.
- ii) To establish if managers of both Education and Back-Office Support sections, at district level perceive the programmes as a benefit to improve management of their employees in the era of HIV&AIDS.
- iii) To establish the perspective of managers in the usefulness of these programmes towards their better management in the workplace.

In chapter 2 a literature review will be presented.

CHAPTER 2

LITERATURE REVIEW:

2.1 Introduction:

In this chapter literature that is relevant to this study will be presented in three categories namely; (i) the HIV&AIDS and wellness programmes,(ii) the impact of the programmes and (iii) Human Resource managers in a changed environment. Information was obtained from books, journal articles and internet.

The reason for including literature from Human Resource is to illustrate the fact that the role of Human resource is very crucial in managing HIV&AIDS. The researcher looked at the impact of integrated HIV&AIDS workplace programs in reshaping manager's responsibilities as HIV&AIDS is not a stand alone issue. Swanepoel, 760 quotes Ulrich (1997, 303) saying " imagine a scenario where an organization is sitting in a management meeting, a Human Resource manager should bring to the table employee morale, turnover, and commitment and to fulfill this there need to be evidence, ideas with results, and perceptions with assessment"

2.2 Integrated HIV&AIDS workplace programmes: An overview

An Integrated HIV&AIDS workplace program is an action oriented plan that an organization can implement in order to prevent new infections, provide care and support for employees who are infected or affected by HIV/AIDS, and manage the impact of the epidemic in the organization. (Cape, gateway: easy access to government information). They are the core of an organization's response to HIV&AIDS.

2.3 The aim of these programs:

The National government introduced these programmes, for the work place to assist managers in managing their human resource, address

HIV/AIDS in an appropriate manner and design efficient workplace strategies to deal with the challenges that the epidemic poses.(www.skills-factory.co.za).

These challenges are:

- Absenteeism due to sickness and social problems.
- Lack of morale or low morale
- Death
- Shortage of staff
- Skills shortage
- Erosion of human capital
- Poor education
- Supply and Demand

The integrated approaches strive to address (i) Safety and Healthy Environment (SHE), (ii) Employee Assistance Programme (EAP) and (iii) HIV&AIDS. According to the Strategic Framework for public Service (2008) the integrated approach to employee Health and Wellness recognizes the importance of linking individual health, safety and wellness, organizational wellness, environmental sustainability and improved outcomes. This will be effectively achieved through critical common strategic interventions in priority areas of HIV&AIDS and TB management, health and productivity management, Safety, health environment, risk and quality (DPSA).

-SHE: Promotes a safe and healthy environment. Part six of the Public Servants regulations, 2001 affirms the principle of improvement of the working environment to ensure service delivery (Department of Public Servants Administration (DPSA).

- EAP: Is a worksite Programme designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, but not limited to health, financial, family, alcohol, emotional, drug or any other personal concerns which may adversely affect job performance.

-HIV&AIDS: Is a workplace programme that focuses on care and support for people infected and affected by HIV&AIDS through In-house counseling, promotion of VCT, establishment of support groups and dealing with issues of disclosure and acceptance.

Two policies guide the strategic implementation of these programmes:

- i) *Policy Guidelines for Integrated Employee Wellness in the Eastern Cape Provincial Administration.*
- ii) *National Policy on HIV&AIDS Policy for learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions, Notice 1926 of 1999, Department of Education.*

Other governing frameworks that inform employee wellness are the following legislations.

- *The Public Service Regulations, 2001: Part vi of chapter 1* which provides framework on the management of HIV&AIDS in the Public Service environment.
- *Constitution of the Republic of South Africa (section 23)* which has certain implications for health, safety and wellness of employees and states that every worker has the right to fair labour practice.
- *Occupational Health and safety Act, No 29 of 1996*, as amended. Impose the general duty of the employer to provide a safe and healthy environment as well as information, training and supervision necessary to ensure health and safety.
- *Labour relations Act:* To encourage collective bargaining and settlement of disputes.
- *Conditions of employment Act, No 75 of 1997*
- *Compensation for occupational Diseases and Injuries Act, no 130 of 1993.*

- *Employment Equity Act, No 55 of 1998* which eliminates discrimination in the workplace and promotes affirmative action.
- *Disaster Management Act, No 57 of 2002* seeks to ensure that the unnecessary loss of life is prevented in cases of unseen life threatening situations.
- *Tobacco Products Control Amendment Act, No 12 of 1999* that prohibits use of tobacco products in public places including workplaces
- *Code of Good Practice:* is concerned with the arrangement of working time and impact of working time on health, safety and family responsibilities.
- *Policy and Procedure on Incapacity Leave and ill health Retirement (PILIR).* The objective of this framework is to set up structures and processes to ensure the management of incapacity leave to accommodate temporary or permanently incapacitated employees as well as facilitate rehabilitation, re-skilling, re-alignment and retirement as deemed appropriate.
(Policy Guidelines for Integrated Employee Wellness in the Eastern Cape Provincial Administration, 2004-2014)

The Code of Good Practice, 2000, states that every workplace programme should attempt to address the following in cooperation with the sectoral, local, provincial and national initiatives.

1. Hold regular HIV&AIDS awareness programmes
2. Encourage voluntary testing
3. Conduct education and training on HIV&AIDS
4. Promote condom distribution
5. Encourage health seeking behavior for STD's
6. Enforce the use of universal infection control measures.
7. Encourage an environment that is conducive to openness, disclosure and acceptance amongst all staff.
8. Establish a wellness programme for employees affected by HIV&AIDS

9. Provide access to counseling and other forms of social support for people affected by HIV&AIDS.
10. Develop strategies to address indirect costs associated with HIV&AIDS in the workplace.
11. Employers should take reasonable steps to assist employees with referrals to appropriate health, welfare and psycho-social facilities within the community, if such services are not provided at the workplace.

According to DPSA Technical Assistance Report, workplace programmes or interventions administered manifest themselves in a form of (i) Health promotion, such as VCT awareness raising, (ii) Behavior change communication including stigma and discrimination, prevention, care and support and treatment. (iii) Capacity building workshops and employee training on elements of HIV&AIDS.(iv) Health campaigns aligned with National and other campaigns.(v) Identification and training of Peer Educators and (vi) Condom distribution

Management is trained to implement Employee Assistance Programme so that it has to modify or change its traditional ways of behaving and introduce the new ways. Managers are trained to understand the philosophy and function of the programme (Googins B)

2.4 Impact of Programmes: Successes and Failures

The International Labor Organization/UNAIDS, 2008 claims that Workplace programmes are effective instruments for mobilizing effective response to HIV&AIDS. The willingness to support them arises from the recognition that such programs have in sustaining the enterprise human resource.

According to Vest, et. al. (1991), although HIV/AIDS and other wellness education and training programmes have been stepped up in the South African workplace in response to improve employee health and wellness, the infection rate continues to rise. It appears that the efforts are not having

the effect they are supposed to have. Focusing on the fact that the organization is doing something does not provide a reliable picture (ILO,2008)

Despite their popularity, research indicates that they are not frequently used (Harris and Trusty, 2001). Burke 1993 found that fewer than 6% one company's employees had used the EAP, during their employment with the organization.

Integrated HIV/AIDS workplace programs should result to a better and improved management of HIV/AIDS in the workplace, that is, Management's ability to plan, manage and implementation of policies and programmes (Carr-Hill, et. al. 2000).

2.5 Role of Managers

The successes of any workplace programme can be demonstrated by effectively delivering and implementing acquired knowledge and experiences by managers thereby demonstrating commitment. Swanepoel, (2003) 701, states that senior management employees are employers because a senior management employee is a person whose contract of employment or status confers the authority to represent the employer in dealing with workplace forums, or to determine policy and take decisions on behalf of the employer.

“District Manager Cohort according to Imbewu ii Evaluation Project, 2003, is seen as the “engine” for district delivery. From this level, strategies for policy implementation are filtered down to school level and that monitoring and support systems are implemented” Management has a shared stake in the health of the workforce, to ensure the continued vitality of their departments. Because it is difficult to ask employees about their HIV status, it is wise to study some indicators to social problems, for example the rate in which they attend funerals, depression and low morale, absenteeism etc and analyze key human resource management outputs such as labour turnover, productivity, absenteeism and resignations (Nel, at. al. 2006, 10)

All managers are involved in the execution of human resource management function. The manager is normally the first one to know when a subordinate has resigned and has to be replaced. He is responsible for dealing with employee problems like absenteeism and grievances and the safety and health in the workplace also lies with the manager, he has to ensure that general conditions in the workplace are conducive to the employee's safety and general wellbeing (Swanepoel, Erasmus, van Wyk & Schenk, 2003)

Workplace programmes should assist managers to address HIV/AIDS in an appropriate manner in order to deal with challenges that the epidemic poses. The challenges of (i) How to plan for future (ii) How to cater for sick employees, (iii) A policy on the provision of relief teaching especially in schools and offices with a heavy burden of HIV&AIDS and related illnesses and deaths among staff and iv) How to prevent new infections.

Vest, Fabius, O'Brien, and Vest M, (1999) support the fact that all employees benefit from AIDS Education, but it is particularly important to train managers. Managers are agents of the company. Managerial decisions can have a considerable impact on the organization. For example, a manager's decision to fire an employee with AIDS might result in legal action against the organization. They should be trained first so that they can be part of the training solution, involved in training their own employees.

According to the Policy Guidelines, 50, Eastern Cape Office of the Premier, senior management support and commitment is the most vital condition for success and sustainability of programmes, and the most frequently cited cause of failure or non-performance is lack of visible support and commitment from management. Workplace programmes are more effective when their planning and monitoring processes involve representation from management (Hollenbeck, 2006, 149).

2.6 Reflecting on other Research Projects

A study by Gregory, Ginn and Jean H (2003) on benefits of wellness programmes examined from the management perspective revealed that well-

ness programmes offer a way of establishing and maintaining an effective corporate culture. They offer a way of securing the loyalty and commitment of employees by showing them that the organization is concerned about their welfare. They allow managers to interface with both external and internal environment; they allow the organization to project an image of fitness, progressiveness and robustness (Conrad, Walch, 1988)

ILO (2008) evaluated HIV/AIDS workplace education programme in Barbados, to assess the progress made by the programme, the impact and achievements of the project and the main findings were that the project achieved positive results. They claim that Workplace programmes are effective instruments for mobilizing effective response to HIV&AIDS.

In a similar survey to explore supervisor's knowledge levels in the management of Employee Assistance Programmes by Badul, 2009, the findings infer that training of supervisors to manage employee assistance programme is important but the statistical analysis revealed that there was no significant difference between the level of knowledge of the control and experimental groups.

Another similar study was conducted to examine the effect of a multifaceted HIV/AIDS Educational programme on the knowledge, attitudes and willingness of Chinese nurses in caring for patients with HIV. The study employed a pretest-posttest experimental design and the findings at baseline were that HIV/AIDS knowledge was not high and attitudes and willingness to care were neutral but after training knowledge, attitudes and willingness to provide care was improved.

In a study to evaluate HIV&AIDS programmes in the Department of Education, Eastern Cape by Imbewu Evaluation Project, 2005) a baseline longitudinal qualitative method was used for understanding and measuring efficiency, effectiveness and functioning of the HIV/AIDS programme in the province. The impact was measured in four levels of the education sys-

tem: schools, related communities, District Managers and Coordinators. The study revealed that while basic awareness of most aspects of HIV/AIDS appeared to be adequate in schools, with many of the respondents knowing all the competences required to prevent infection, and indeed to live life with HIV/AIDS, the implementation of this knowledge into skills and attitudes which are practiced by all, is extremely far from being realized.

2.7 Monitoring and evaluation

Rau (2002, 66) workplace HIV/AIDS programmes: An action Guide for Managers, suggested that there are several levels to monitoring effectiveness of an HIV&AIDS workplace program: The first one being to solicit employee feedback which can be formalized by organizing meetings to assess employee's acceptance of each component of the company's workplace program. The second level is to track changes in key indicators, for example monthly recording of absenteeism, medical retirements, production delays or disruptions and funerals and funeral attendance.

Constant measuring and monitoring of HIV and AIDS impact indicators such as death, absenteeism, sickness or ill-health, costs and benefits need to be done.(HIV&AIDS Guide for Business Leaders, USAID,2008)
The AIDS Management Standard Initiative (AMSI) has the following recommendations

- Risk analysis by the company in order to ascertain the extent of HIV&AIDS effect on it.
- The strategic repositioning of the company as a whole, in the light of the pandemic's effect.
- Reporting to all stakeholders on the measures taken and progress thereof.

Managers should adequately analyze and add value to the data collected or generated by these programmes and monitoring and evaluation that is

linked to continuous feedback must be done and corrective steps be taken.

2.8 Assessment of the literature

On assessing the literature all the studies concentrated on the usefulness of the programs to improve employee health, and do not show how this has been measured by managers themselves. Literature to judge the success of these programs through the manager's point of view is not enough, assessing the impact of the programs in making managers manage HIV&AIDS better. There is very little research on their effectiveness to improve human resource management.

While the evidence base for workplace health promotion programmes is still relatively weak, there is a feeling that it is due to lack of relevant data collection outcome measures.

This study is about the effectiveness of Integrated HIV&AIDS workplace programmes in improving management of HIV&AIDS by managers. Literature on effectiveness of these programmes and management style that is presented here is key to the interpretation and discussion of the outcomes of this particular study.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter outlines the methodology that was undertaken to investigate the effectiveness of integrated HIV&AIDS workplace programmes in improving the management of HIV&AIDS by managers.

3.2 Research design

The simplest form of evaluating programmes is a pretest and posttest comparison with the aim of showing that a change has occurred following a training intervention. The researcher in this study knows that all managers have been exposed to the treatment (Integrated HIV/AIDS workplace programmes) but also verified this knowledge claim in a questionnaire that was used. A qualitative research design was used in this study. Qualitative methods according to Creswell, 2003, p18 involve the process of collecting, analyzing, interpreting and writing the results of a study. It is an approach in which the inquirer makes knowledge claims based primarily on multiple meanings of individual experiences, meanings socially and historically constructed with intent of developing a theory or pattern.

The researcher collected participant meaning by focusing on a single concept, brought personal value into the study and validated accuracy of findings by interpreting the data, creating an agenda for change or reform and collaborated with the participants.

The use of qualitative design is to gain insight into people's attitudes, behaviors, value systems and concerns and because it adds the level of understanding (QSR International Pty Ltd, 2007).

This study used a grounded theory to generate a substantive theory, because de Vos, Strydom, Fouche & Delport, 2007, 270 claims that a substantive theory is a description and abstraction of what goes on in a particular kind of

social setting, and analytical abstractions are used in discussing such settings and no claim is made that the abstractions apply in other situations. De Vos, et. al. 2007, 270 quotes Strauss and Corbin(1990,23) saying that a grounded theory is discovered, developed and provisionally verified through systematic data collection and the analysis of data pertaining to that phenomenon, a theory that explains some action, interaction or process.

3.3 Ethical consideration

At the beginning of the interview, the participants were assured that the interview is only for the purposes of improving management in the era of HIV&AIDS. Participants were told that permission was granted to conduct the research in the district and a proof of a letter of research approval from the District Director was provided. There was a need to explain the purpose of the study and the term Integrated HIV&AIDS programmes before we continue because the pilot study revealed that managers are not clear and therefore this study will not accomplish its purposive goal. The researcher explained the programmes in detail so as to clear any misunderstanding.

3.4 Data collection

After the managers indicated that they do not have a problem; managers were asked to indicate their gender, age group, management position and number of years in the position. According to the grounded theory, data are collected by means of interviews with multiple individuals who have participated in a process about a central phenomenon to “saturate” categories and detail a theory. (de Vos, et. al. 2007, 270)

Questions were asked face to face using a questionnaire to collect information from the population. The researcher preferred face-to-face method because it involved personal interview and was conducted in the interviewee’s office so that any ambiguities may be cleared up in the question asked and also were able to probe for further clarification if the interviewee provided an inadequate answer (Christensen, 2007).

The use of semi-structured one-to-one interview was to gain a detailed picture of the participant's perceptions of these programmes in improving their management. This method gave the researcher and the participant much more flexibility. The researcher was able to follow up particular interesting avenues that emerged in the interview, and the participant was able to give a fuller picture (de Vos, et. al, 2007. 296).

The participant shared more closely in the direction the interview takes and he could introduce an issue the researcher had not thought of. In this relationship, the participants were perceived as an expert on the subject (Management) and therefore were allowed maximum opportunity to tell their story. (Smith, et. al. 1995). Managers are experts in managing people that is why this method was chosen.

3.4.1 Pilot Study

Three questionnaires were administered to managers who were not part of the main study. In addition to filling the questionnaire, the researcher was also looking at the time it took to complete the questionnaire and could see if questions were clear or not. Pilot study according to Mitchelle and Jolly, 2001, 13, helps the researcher to fine-tune the study for the main inquiry. (de Vos, at. al. 2007, 206)

3.4.2 Response

All three questionnaires were completed (response rate 100%). The average time taken to complete the questionnaire was 40 minutes. There were questions that were not clear to the participants. Certain questions were deemed to be irrelevant to the aim of the study and therefore would not achieve the aim or add value to the study.

3.4.3 Sample Population:

The sample of 79% (n=19) (8 females and 11 males) of the total population of managers (n=24) was selected as follows: 26% (n=5) from the

Administration Support Services and 74% (n=14) from the Education Support services. Managers from this district were chosen because they have been exposed on many occasions to HIV&AIDS and wellness programmes.

3.4.4 Final Questionnaire

The final questionnaire that was used for the main study consisted of Part A and Part B. Part A consisted of eleven questions and Part B (Question 2 to question 6, a Likert type scale). According to Welman, 2002, 150, a Likert scale may be used for multidimensional attitudes. It consists of a collection of statements about the attitudinal object. In respect of each statement, participants have to indicate the degree to which they agree or disagree with its contents on a fine point scale (strongly agree, agree, neutral, strongly disagree and disagree). Question seven is the main research question. A copy of the questionnaire which was administered is attached as Addendum 1.

3.5 DISCUSSION OF THE QUESTIONNAIRE

The questions that were asked in order to get answers to the impact of the presence of Integrated HIV&AIDS interventions in improving management of HIV&AIDS by managers in the workplace were the following:-

3.5.1 Personal details:

This part of the questionnaire wanted to establish the basic composition of the management team. By asking these details this study tried to get a sense of the gender, age and experience in the management position of the sample of the respondents.

3.5.2 Part A: Open-ended questions

Question 1

Part 1 of the questionnaire consisted of 11 open-ended questions aimed at determining a number of issues pertaining to manager's area of responsibility.

- The number of absenteeism, sickness and death, sought to establish if managers are keeping track of absenteeism rates and employee's pattern of absenteeism and that they keep record of sick leaves taken during a certain period of time and make arrangements for allocation of tasks and delegation of responsibilities.
- The question of replacement sought to establish manager's role in the replacement of an employee who has left.
- Any employee receiving psychosocial support: Both infected and affected employees need psychosocial support to deal with stress and depression and in coping with HIV&AIDS. This question looked at the sensitivity to needs of their affected and infected or troubled employees.
- Vulnerability & susceptibility sought to discover features of an organization that make it more or less likely that its employees will contract HIV&AIDS (Rau, 2002).

3.5.3 PART B: Likert type scale

3.5.3.1 Question 2 on training

This question asked participants to describe their experience of training received from integrated workplace programs. The purpose is to determine whether or to ensure that managers are knowledgeable of HIV&AIDS issues and the medical facts, determinants and other HIV&AIDS issues sought to establish management competences in AIDS related issues and its impact and that what has been learnt is shared with subordinates. The ECDoE's Strategic goal no 5, objective no 6, states that for enhanced service delivery, HIV&AIDS considerations must be mainstreamed into all policies, programmes and procedures of the de-

partment hence the question about integration into other section/circuit activities.

3.5.3.2 Question 3: on Policy:

An HIV&AIDS workplace policy is the starting point for the management of HIV&AIDS in the workplace (Rau, 36). It forces managers to confront and address often controversial topics of concern, and define the organization's position on those issues. By asking this question this research wanted to establish if managers do have a policy to provide guidance dealing with the day-to-day issues and problems in their sections and circuits.

3.5.3.3 Question 4: The question on strategies:

Strategic planning is a management function. A manager must keep the strategies closely matched to outside drivers such as opportunities and threats for example (HIV&AIDS for purposes of this study). The question sought to establish if managers do think about the future of their circuits/sections. Within the organizational framework the HR function manifests itself as a human resource department. This study moved from that notion and focus more on the control function of managers because they are each responsible for a number of employees. Analyzing key human resource outputs such as labour turn over, productivity, absenteeism and resignation and further recommends appropriate corrective action such as training and development, dismissals and transfers is their responsibility. (Nel, et. al. 2006, 509)

3.5.3.4 Question 5: The question on statistics

This question sought to determine manager's interest in HIV&AIDS prevalence and the overall health of the employees in the district.

3.5.3.5 Question 6: The question of safety:

It is important that infection control guidelines are implemented within a manager's area of responsibility. Employers have a general duty to en-

sure a safe working environment (South Africa Journal on human rights, 1993). This question sought to find out if managers do participate actively in securing a safe and healthy environment through a system of defined rights.

3.5.3.6 Question 7: Main research question

This question sought comments from the managers on the effectiveness of Integrated HIV&AIDS programmes in improving their management of HIV/AIDS. This study wanted the participant to give enough answers on this. The managers were allowed to explore on the topic showing understanding of these programmes and probably indicating any relationship between effectiveness of programmes and improvement of management skills.

CHAPTER 4

DATA ANALYSIS AND FINDINGS

Once data has been collected, they were analyzed. This means that some sense was made from the information gathered. Sense is obtained by trying to identify themes and patterns of behavior in the conversation. (Christensen, 2007, 65). The questionnaires were analyzed manually.

4.1 Personal Information

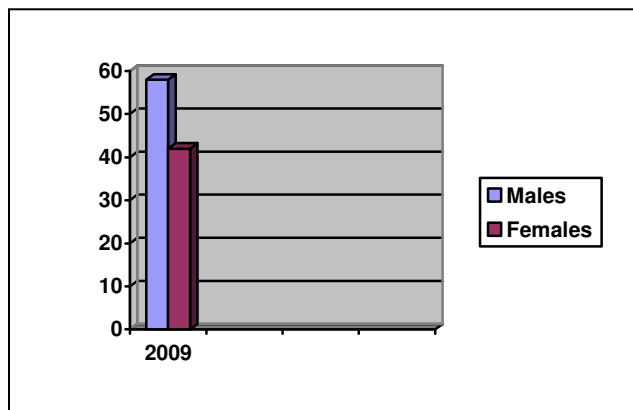


Figure 4.1 Gender breakdown

Figure 4.1 represents the proportions of males and females participated in the survey. 58% (n=11) of the population are males while 42% (n=8) are females.

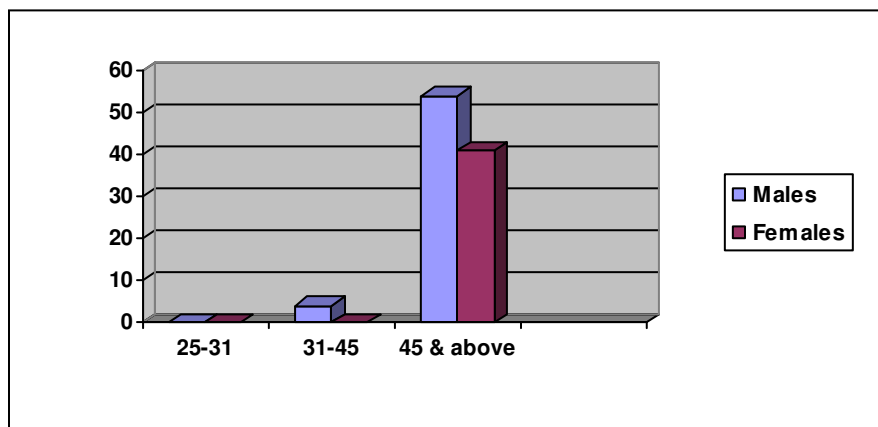


Figure 4.2: Age group

Figure 4.2 above revealed the following information regarding the age of the respondents. There is 0% between the ages of 25-30, only 4% between 31-45 years. Of the total population 96% are 45 years and above. This means that the respondents fall within the prime age of 31-49 and above which is the most popularly affected by HIV&AIDS.

Table 4.1 Management Experience

Years in management position	2	3	4	13	17	18	19	20	6
% of respondents	11	42	16	5	5	5	5	5	5

From Table 4.1 above it is clear that the majority of the respondents had little experience (2-4 years) in the senior management position.

4.2 PART A: Open-ended questions which aimed at determining a number of issues pertaining to manager's area of responsibility, for example: number of employees working, those who left or died, replacement, sick leaves taken, reduction of exposure to HIV/AIDS and referrals for psychosocial support.

4.2.1 Analysis of question 1

Very few managers were able to tell how many employees under their supervision, most of them referred me to their admin staff and for sick leaves taken. Some kept the leave registers and responses ranges from don't know, not sure, especially for 2008, but for 2009 the majority could tell how many. Only two said the HR department of the district will know because leave forms are submitted there. This result to the number of sick leaves not being accurate, estimates were given in some cases.

The question of employees who left by either sickness or by death asks for specificity and responses indicated that 12 left by death and eight by sick-

ness and follow-up question of replacement had a number of responses for those who said they have not yet replaced the lost employees. Some cited the following: Post has not yet been advertised, replacement under consideration, due to staff establishment and replacement responsibility of HR department. These numbers are not accurate and do not give a true reflection because some managers were not sure whether employees left either by death or by sickness.

“Employee referrals for psychosocial support have increased” That was a comment made by the Employee Health and Wellness Officer. Results of the study show that 58% of the respondents have referred their subordinates for psychosocial support and mention was made that they refer them for counseling. Alcohol related problem was the most mentioned cause for referral. There was no mention of HIV&AIDS and related problem and most of the time the reason for employees to be absent is not known.

Responses to questions 1.9 and 1.10 on exposure to HIV&AIDS and reasons for exposure, those respondents who responded with a yes the reasons were: Age of employees and socio-economic conditions, reluctance in using protection especially married employees, lack of information, distance between home and workplace, working in remote areas When asked if there is anything that they can do to reduce this exposure, answers were that: “ we need to invite experts to come and address the employees, address in a meeting situation, improve working conditions and attend awareness campaigns, No there is nothing, I don’t know”

Most of the respondent indicated that there are no known people living with HIV&AIDS employees do not disclose and this proves that there is still a fear to be open about their HIV status. One of the objectives of these programmes is to encourage disclosure. Some managers made mention that HIV/AIDS is an unfortunate topic and people are reluctant to talk about it.

4.3 PART B: Likert type scale

4.3.1 Analysis of question 2: This question asks participants to describe their experience of integrated workplace programs.

Table 4.2: Responses to question 2

	Q2.1	Q2.2	Q2.3	Q2.4	Q2.5	Q2.6	Q2.7	Q2.8
Strongly Agree	47%	53%	57%	43%	16%	16%	16%	16%
Agree	53%	47%	43%	57%	26%	16%	16%	47%
Neutral					11%	5%	16%	21%
Strongly Dis-agree					37%	58%	32%	5%
Dis-agree					11%	5%	21%	11%
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

All managers indicated that they have attended workplace programmes and that they are aware of the medical facts about HIV&AIDS. 42% indicated that the information is shared with subordinates. 5% was neutral and 53% indicated that they never shared the information. 16% were not sure how integration for HIV/AIDS into other section projects can be done, 53% indicated that they do not do that and only 32% said they integrate it. There seem to be no mechanisms in place to assess the extent to which HIV&AIDS issues are being integrated in other sections or circuit activities. Some managers did indicate that educators are very involved in HIV&AIDS issues but

do not know the details of these “issues” and there is sometimes no chance to report back on information gained. There are limited processes in place to monitor how information disseminated at workshops is fed back to the employees of both schools and offices.

4.3.2 Analysis of question 3:

Participants were asked to rate their knowledge and experience of HIV/AIDS Policies.

Table 4.3: Responses to question 3

	Q3.1	Q3.2	Q3.3	Q3.4	Q3.5	Q3.6
Strongly Agree	53%	32%	5%	11%	5%	11%
Agree	42%	26%	11%	16%	5%	5%
Neutral				39%	11%	5%
Strongly Disagree	5%	26%	79%	21%	53%	61%
Disagree		16%	5%	21%	26%	16%
TOTAL	100%	100%	100%	100%	100%	100%

Fifty-eight percent of the respondents have HIV&AIDS policies in their sections and 42% do not have; only 16% mentioned that they were involved in its development. 84% were not involved and they believed that policy was developed mainly at national and provincial level and as a result they have the national copy. While this may be true for many policies, it does not nullify the responsibility of the district. A policy drafted at home ensures the buy in of all stakeholders. 95% of the managers mentioned that they are aware of the contents of the policy and the rationale behind them but 39%

were not sure if their subordinates are aware of the contents and 42% said their subordinates are not aware.

4.3.3 Analysis of question 4:

This question sought to establish the extent to which workplace programs have helped the managers with regard to understanding and measuring impact at work.

Table 4.4: Responses to question 4

	Q4.1	Q4.2	Q4.3	Q4.4	Q4.5	Q4.6	Q4.7	Q4.8	Q4.9	Q4.10
Strongly Agree	21%			21%	11%		16%	5%	21%	11%
Agree	63%	42%	26%	16%	21%	16%	58%	42%	26%	42%
Neutral	16%	32%	48%	32%	42%		5%	26%	26%	16%
Strongly Dis-agree		11%	21%	5%	11%	21%	16%	5%	16%	11%
Dis-agree		16%	5%	26%	16%	63%	5%	21%	11%	21%
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Sixty-three percent of the managers agreed that they understand the effect of HIV&AIDS in their respective circuits and sections and 21% strongly agreed. 42% agreed to know how to measure the impact. One of the management competences is to measure and assess the impact of HIV&AIDS in his section. 32% were neutral and 16% disagreed. Nine managers were not sure about what can be done about the impact, five know and four mentioned that they do not know.

Eight managers showed a neutral response saying they are not sure if the absenteeism is due to increased responsibility for orphans or other dependants but some agreed. Twelve managers have no procedures in place to enable them to maintain productivity.

4.3.4 Analysis of question 5:

The question measures the effect of programs and training interventions in developing strategies/back-up strategies.

Table 4.5: Responses to question 5

	Q5.1	Q5.2	Q5.3	Q5.4	Q5.5	Q5.6	Q5.7	Q5.8	Q5.9
Strongly Agree	48%			16%	48%				
Agree	37%			63%	42%		5%	11%	11%
Neutral	11%	11%		11%	5%	11%	16%	42%	26%
Strongly Disagree	5%	63%	48%	11%	5%	74%	58%	26%	42%
Disagree		26%	48%			11%	21%	21%	21%
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 4.5 above show responses to various questions about training received. The results infer that the majority of managers have received training and attended the events and are informed of all the information gathered from these events and trainings. They agreed that trainings have opened their scope of understanding and changed their attitudes, but are not clear about what to do with the information they have and how to use it for the benefit of their respective sections/circuits. 89% of the respondents never dis-

cussed nor analyzed the information or statistical data either individually or jointly in a meeting for further improvements or steps to be taken.

4.3.5 Analysis of question 6:

Question 6 asks their knowledge and experience of HIV/AIDS program regarding risk assessment.

Table 4.6: Responses to question 6

	Q6.1	Q6.2	Q6.3	Q6.4	Q6.5	Q6.6
Strongly Agree	21%	5%	32%	26%	26%	42%
Agree	58%	42%	48%	74%	50%	37%
Neutral	5%	32%	11%		5%	11%
Strongly Disagree	16%	5%	16%			5%
Disagree		16%	5%		16%	5%
TOTAL	100%	100%	100%	100%	100%	100%

From the results reflected in Table 4.6 above, it is clear that managers strongly agree that they are highly knowledgeable regarding risk assessment. Very few disagreed. Risk analysis was not answered positively, 42% agreed to have assessed risk and those who were either neutral (33%) or disagreeing (16%) felt that risk management was done by the wellness officer. 15 managers felt that they can now identify health hazards although one strongly disagreed with this statement. all participants agreed that workplace programmes have made them understand all the factors that can put employees at the risk of contracting HIV/AIDS. 79% (n=15) felt that integrated HIV/AIDS and wellness programmes assist in identifying

grated HIV/AIDS and wellness programmes assist in identifying employees who are vulnerable to HIV/AIDS.

4.3.6 Analysis of question 7:

This question sought comments on the usefulness of the workplace programs in improving their management of HIV/AIDS in the workplace.

This question was not properly answered. Managers gave the following comments about the impact of the integrated HIV&AIDS programmes:

- Programmes are useful as they decrease death rate.
- They are useful because they educate us
- We have a broad range of the organization's issue and duties and that HIV&AIDS is a responsibility of the HIV&AIDS unit and Employee Health & Wellness.
- I never thought of HIV/AIDS as part of my responsibility and therefore not aware of the role to play as far as these programmes are concerned.
- My role as manager to HIV&AIDS is not clear.
- HIV/AIDS is not listed in their day-to-day duties.
- It has been noted that deep involvement by my subordinates would create an environment where they will be aware of the challenges that are brought by HIV&AIDS and its impact.

Twenty-six percent of the managers indicated that employees tend to support one another and become both sympathetic and empathetic to those affected. Respondents had no significant positive comment on the effectiveness of the programmes to improve their management. No meaningful conclusions can be drawn from their answers.

CHAPTER 5

SUMMARY OF THE FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 SUMMARY OF THE FINDINGS

This report is structured from the point of view of the District Managers of both Back-Office Support (Corporate/Admin section) and Education Support Services (Professional Development). Integrated HIV/AIDS workplace programmes have met relative levels of success in training managers and raising their levels of awareness but were not successful or could not prove to be effective in making them manage HIV/AIDS better in their sections/circuits. Some research needs to find out if there is any relationship between the two.

Managers from both sections are tasked with the responsibility of managing their subordinates and their day-to-day duties. HIV&AIDS is seen as a stand alone issue which came to the work environment as a responsibility on its own and as the result the district office assigned the task to some specialists of HIV/AIDS and wellness unit. Managers are now forced, with great difficulty to notice and acknowledge the presence of HIV&AIDS in their sections/circuits and expected to take action because they have been trained and equipped to manage HIV&AIDS and its effects in their daily work. This has come with some added responsibility which is a not so obvious one to them as its challenges are not the same.

5.2 DISCUSSION

The purpose of this study was to evaluate the impact of integrated HIV/AIDS and wellness programmes on managers, how these programmes have changed their ability to manage HIV/AIDS in the workplace. Questions relating to the manager's roles and responsibilities regarding the use of knowledge gained from the various trainings they receive from the pro-

grammes to improve their management have been explored. This assignment also highlights a range of issues relating to a broader context of Human Resource Management.

As an HIV/AIDS social research scientist, whose focus is predominantly within the behavioral aspects of managing HIV/AIDS and not on the clinical aspect of management in the workplace, the issues of changed behavioral /management style in a changed environment by managers was key to my research. I came across constantly with more of my participants showing or rather displaying understanding of the knowledge gained but could not see any relationship with how they manage their various sections. Although the issue of integrated HIV/AIDS and wellness programme mainly focuses on awareness education and employee health and wellbeing managers should understand that their benefit goes with other obligations and responsibilities.

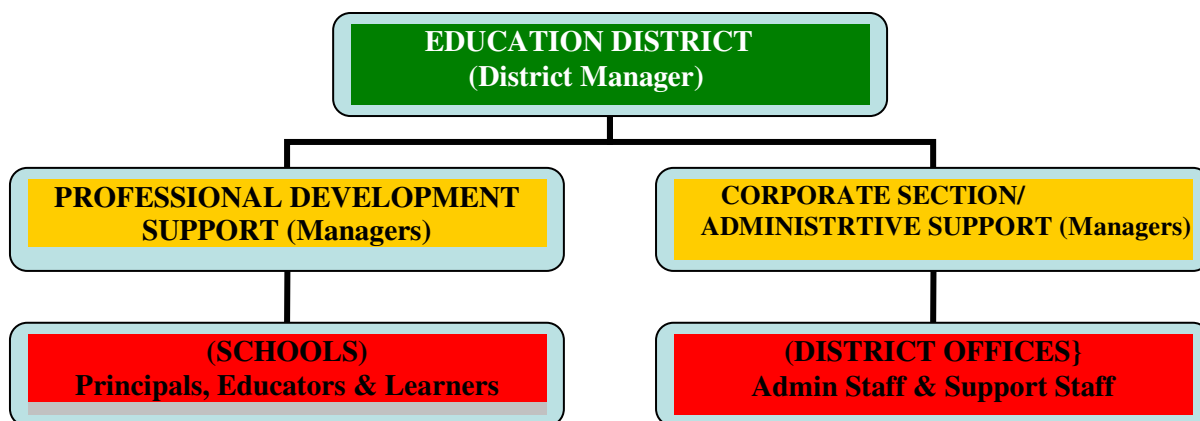
5.3 CONCLUSIONS

Although the participants indicated that the programs have opened their scope of understanding and changed their attitudes, they seem not to know how to demonstration their understanding. The results of this study showed no significant impact of these programmes in improving how managers with the knowledge and information they gain from these programmes manage their sections. HIV&AIDS is never discussed in section meetings and no known HIV&AIDS cases have been referred because disclosure is still difficult. Integrated HIV&AIDS programmes have no significant effect on improving management style. It appears that managers will need a comprehensive training on Human Resource Management to keep up with changed environments and modify their behavior. These programmes will continue to stand little chance if located in an unmanaged and dysfunctional environment. While the popular objectives of these programmes is to minimize the impact of ill-health on both the employee and the employer (PGDP, 2004-2014) and increase awareness and use of available HIV&AIDS pro-

grammes (ILO,2008), they should benefit management to a large extent. These workplace programs should provide some information to management who in return should respond to it by using it to the benefit of the schools and various sections.

The criticality of the role and management commitment in effectively implementing the knowledge gained from the integrated HIV&AIDS and wellness programmes in order to win the HIV&AIDS battle at district level can be demonstrated by the Diagram below.

Diagram 5.1.1: District levels of operation



The Diagram above shows levels of operation for district delivery, from the highest level filtering down to school level and demonstrates the extent of management responsibility at district level which if not taken seriously will impact on the whole Education District.

If managers cannot accommodate HIV&AIDS and the knowledge they have regarding HIV&AIDS issues in their daily activities, an environment where the pandemic will impact negatively will be created. Educators and other employees and learners look for support from managers.

Managers have a large number of employees and learners to manage. Although this study does not include learners, managers have a responsibility to give guidance to School Managers and Educators who are directly involved with learners. When one educator becomes sick with HIV&AIDS or related illness, they take sick leave for days and weeks and sometimes die, the results is that learners lose learning time. An HIV/AIDS comprehensive study by Imbewu II, 2005, revealed that all District Managers expressed the view that the impact of HIV/AIDS is increasingly being felt in the community at large, as well as in schools. This can be seen in the number of learners dropping out of school, the increase in the number of orphans at school, as well as the number of educators that are applying for sick leave. This means that if HIV&AIDS is not managed properly from the top the consequences of ignorance and lack of commitment will be suffered even by lowest in the district. As the HIV/AIDS epidemic expands, managers will be expected to be competent and compassionate to their subordinates and their significant others.

5.4 STRENGTHS OF THE STUDY

This study used a one-on-one approach which provided the opportunity to have a close understanding of how the participants perceive these programmes and HIV/AIDS responsibility as managers, their obligation and accountability. The study itself gave the researcher an opportunity to be close to the participants. Some managers were thrilled about the research as it served as an eye opener to them. The study also revealed a level of commitment which most of them were not aware of. One could hear from the follow-up questions that these participants were really honest in their responses as a result some realized the need to utilize the knowledge gained to improve their management of HIV/AIDS in the District as a whole. Because managers are experts in the field of management and the researcher an expert in the field of HIV/AIDS, participants would raise issues

that the researcher was not aware of and this added to the value of the overall quality of data collected.

Although the study has been conducted in one Education district, the results will be relevant to other districts as well and will add to other literature.

5.5 LIMITATIONS OF THE STUDY

In qualitative research, limitations exist, particularly concerning the interpretation of research findings. The interpretation of this data resulting from this is vulnerable to alternative interpretation of that might logically be made by other parties with other experiences.

Data collection was not straight forward managers are busy with their daily activities, securing an appointment was not easy. There was no data relevant to HIV&AIDS for example definitions of absenteeism varied across operations and could not be measured in a number of ways. Those who were referred for psychosocial support were only referred for alcohol related problems only.

A further study limitation of this research could be that there is limited research in the field of effectiveness of programmes in improving management of HIV&AIDS by managers in the workplace. Studies evaluate the impact of these programmes in keeping employees healthy and reducing HIV/AIDS. Careful evaluation of the impact of HIV/AIDS programmes on improving Managers to manage HIV/AIDS is scarce in the professional field. It is therefore not clear whether these results are applicable to managers in other parts of the world.

Another limitation of this study was that since the researcher is an HIV/AIDS social scientist she would find herself immersed in the topics because managers would asked many questions regarding their role as managers and that the researcher would explain with the intention to educate.

5.6 IMPLICATIONS OF STUDY

Findings from this study have numerous implications for the Human Resource Department of this district which budgets and prepare for managers to attend the Integrated HIV/AIDS and wellness programmes. The study has confirmed that managers of both Back-Office and Education support who deal with employees (Educators, Admin staff and support staff) who might be both infected and affected with HIV/AIDS are knowledgeable and have attended the workplace programmes but do not know how to implement or rather demonstrate the knowledge they gained. This implies that managers need to know that some of the issues raised by this study are included in their day-to-day duties or rather job descriptions.

This study also implies that there should be monitoring and evaluation strategy in place to evaluate the impact of these workplace programmes because the study findings revealed that there is no follow-up or feedback that is done.

In a review of Workplace Policies in Public Education, focusing on HIV/AIDS by the Human Science Resource Council (HSRC), 31/03/2005, there are some important concerns about the National HIV/AIDS Policy: (i) that there is a lack of behavior change (ii) inadequate information on treatment issues (iii) lack of clarity on how educators who are affected by HIV/AIDS will be assisted by the Department of Education and (iv) inadequate consideration of the impact of HIV/AIDS on educators, especially in schools that are likely to be more affected. This implies that even the National HIV/AIDS workplace Policy is not covering all the aspects that can allow managers to manage HIV/AIDS effectively.

5.7 RECOMMENDATIONS

This research gives rise to the following recommendations:

- There should be continuous assessment of these HIV/AIDS support program to examine its effectiveness on various operations.
- Managers need to know the extent /prevalence of HIV infection in the district by analyzing the results from the surveillance testing done at work and by getting some indicators from local sources eg. Department of Health.
- Monitoring, Research and Evaluation at the end of the year must be done to determine whether the workplace programmes are achieving their stated goals and whether adaptations or new priorities are required.
- Share the lessons learnt.
- Know how to measure educator and employee absence from duty, for example assume, estimate and project.
- In a study conducted by the Human Science Resource Council (HSRC) on demand and supply of educators in South African schools (31/03/2005), recommendation was that there should be a policy on relief leading especially in schools with a heavy burden of HIV&AIDS & related illnesses and deaths among educators.
- A further recommendation by HSRC, 2005, is the use of policies to spell out a vision for education, without the immediate intention of making the policies workable, creates confusion on the ground by those who must implement them.
- Education District Offices must have their own Human Resource HIV/AIDS Strategy spelling out their Objectives, Mission and Vision as an organization.

5.9 FUTURE RESEARCH

HIV&AIDS workplace programmes have been studied from the perspective of their impact on employee performance. In that sense their success is judged solely through employees, yet there are other responsible role play-

ers notably, the role of managers, their commitment, their knowledge level and their ability to monitor and evaluate progress of these programs.

The study was conducted with only one district with a sample of nineteen managers. It would therefore be beneficial to continue this study using more than one district. It is also recommended that a correlation study to establish if there is any relationship between the effectiveness of integrated HIV/AIDS workplace programmes and management style be conducted.

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[illegible]

Introduction

Buyelwa Carol Gcadana is a registered student at the University of Stellenbosch and in this year 2009 pursuing Mphil in HIV&AIDS Management.

Thank you for making yourself available for this interview. It will take about 20 minutes to complete this questionnaire and it for academic purposes only and the information gathered will be treated confidentially.

The research is conducted in order to determine what effect does the Integrated HIV & AIDS workplace programmes have in the improvement of management of HIV and AIDS in the workplace.

Thanking you in advance for your participation.

.....

BC Gcadana

Personal information

Gender-----

Age group (25-30, 31-45, 46 and above)

Management position -----

Number of years in the position-----

QUESTION 1

PART A

1.1 How many employees do you have under your supervision?

- Educators.....
- Admin staff.....
- Support Staff.....
- Temporal Employees.....
- Permanent Employees.....

1.2 How many employees were on sick leave in?

- 2008:.....
- 2009:.....

1.3 How many employees have left either by sickness or by death since January 2009?

.....

1.4 Have they been replaced?

- YES
- NO

1.5 If NO what could be the rea-

son.....

.....

1.6 Are there any care and support programmes in place?

- YES
- NO

1.7 If YES specify.....

1.8 Do you have any employees receiving psychosocial support?

• YES:.....

• NO:.....

1.9 Some employees may be particularly exposed to HIV infection

• YES

• NO

1.10 If yes why are they exposed?.....

1.11 Can you do anything to reduce this exposure?.....

PART B: Rating Scale

This section consists of five questions (2-6). Indicate with a mark the block which corresponds with your experience or opinion on every statement.

QUESTION 2

Which of the following categories best describes your experience of Integrated HIV and AIDS programmes?

		Strongly Agree	Agree	Neutral	Strongly Dis-agree	Dis-agree
Q2.1	I have attended workplace programmes on HIV and AIDS					
Q2.2	They made me aware of the medical facts about HIV & AIDS					

Q2.3	I am informed about the determinants of HIV epidemic					
Q2.4	I have learnt about the impact of HIV&AIDS on the individual, the section and the community.					
Q2.5	I cascade what I have learnt from these programmes to my subordinates					
Q2.6	I conduct workshops to capacitate my juniors					
Q2.7	I encourage integration of HIV&AIDS into other section projects.					
Q2.8	Having attended or undertaken such programmes benefit my section					

QUESTION 3

How much do you agree with each of the following statements?

		Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
Q3.1	I am aware of the Education Policies and Practices on HIV&AIDS and the rationale behind them.					
Q3.2	There is an HIV and AIDS policy in my section/circuit.					

Q3.3	I was involved in the development of an HIV&AIDS policy					
Q3.4	All my subordinates are aware of the contents of the policy					
Q3.5	Employees have had the opportunity to provide input.					
Q3.6	I understand that I have the opportunity to maintain and review the HIV&AIDS policy and programmes.					

QUESTION 4

Indicate the extent to which you agree that the Integrated HIV&AIDS workplace programmes have helped you with regard to the impact at work.

		Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
Q4.1	I understand the effect of HIV&AIDS in my section					
Q4.2	I know how to measure and assess the impact of HIV&AIDS in my section					
Q4.3	I know what can be done about the impact.					
Q4.4	The issue of HIV&AIDS and its effect on operations should be included as a regular item					

	for consideration in the section's quarterly reports					
Q4.5	More employees are absent as a result of increased responsibilities for orphans or other dependants					
Q4.6	I have established procedures to enable myself to monitor productivity.					
Q4.7	I have the knowledge of other HIV&AIDS related sicknesses					
Q4.8	I am able to identify AIDS-related declines.					
Q4.9	I encourage my subordinated to test voluntary for HIV.					
Q4.10	Psychosocial support is given to employees to improve their morality					

QUESTION 5

How much do you agree with each of the following statements about training?

		Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
Q5.1	Lot of information is gathered from these Integrated HIV&AIDS workplace programmes.					
Q5.2	After receiving the informa-					

	tion I analyze it.					
Q5.3	I discuss the information for further improvements or steps to be taken.					
Q5.4	Trainings have opened my scope of understanding.					
Q5.5	Trainings on HIV&AIDS have improved my attitude about the disease					
Q5.6	From the VCT done by the Department of Health I am able to get the relevant statistics pertaining to HIV prevalence in the District.					
Q5.7	The reasonable data that are available have allowed HIV prevalence, incidence and death to be estimated.					
Q5.8	Trainings help in developing HIV&AIDS Strategic Plan					
Q5.9	Getting information on HIV prevalence in the District is useful for the planning of human resource needs.					
Q5.10	It also assist managers in identifying back-up strategies					

QUESTION 6

Which of the following categories best describes your experience of Integrated HIV and AIDS programmes regarding risk assessment?

		Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
Q6.1	Integrated HIV&AIDS programmes enables managers to assess risk at work					
Q6.2	I encourage risk analysis in order to ascertain the extent of the effect of HIV&AIDS in the workplace.					
Q6.3	The information gained becomes an eye opener to identify health hazards.					
Q6.4	To understand all the factors that can put employees at the risk of contracting HIV&AIDS.					
Q6.5	To identify employees who are vulnerable to HIV&AIDS.					
Q6.6	To maintain health and safety in the workplace.					

QUESTION 7

Comment on the usefulness of these programmes in improving your management of HIV&AIDS in the workplace:

Thank you for your participation.